



Indiana Exhibition Notification

Exhibition Information

please type or print legibly

Exhibition start date _____ End date _____ Premise ID _____

Exhibition name _____

Exhibition address _____

City _____ State _____ Zip _____ County _____

Terminal Show? ☐ Yes ☐ No Organized auction following show? ☐ Yes ☐ No

Species present:

☐ Dairy Cattle ☐ Swine ☐ Sheep ☐ Captive Cervids

☐ Beef Cattle ☐ Poultry ☐ Goats ☐ Other _____

Primary Contact Information

Primary Contact name _____

Primary Contact address _____

City _____ State _____ Zip _____ County _____

Phone number _____ (☐ Home ☐ Business ☐ Cell)

Phone number _____ (☐ Home ☐ Business ☐ Cell)

Record Keeper Information

Record Keeper name _____

Record Keeper address _____

City _____ State _____ Zip _____ County _____

Phone number _____ (☐ Home ☐ Business ☐ Cell)

Phone number _____ (☐ Home ☐ Business ☐ Cell)

Veterinarian Information

Veterinarian present during show? ☐ Yes ☐ No *If yes, please complete the following:*

Veterinarian name _____

Veterinarian address _____

City _____ State _____ Zip _____ County _____

Phone number _____ (☐ Home ☐ Business ☐ Cell)

Phone number _____ (☐ Home ☐ Business ☐ Cell)

Please complete and return no later than 10 day prior to exhibition

Return forms to: Indiana State Board of Animal Health, 805 Beachway Dr. Ste. 50, Indianapolis, IN 46224

For questions, contact BOAH support: Phone: 317-227-0328 or email: animalhealth@boah.in.gov